



**MAKE CHECKS PAYABLE TO**

Colorado Institute of Sports Medicine  
 1625 Medical Center Pt  
 Suite 180  
 Colorado Springs, CO 80907

Jane DOE  
 123 main  
 CO SPGS, CO 80907

**IF PAYING BY CREDIT CARD, FILL OUT BELOW**

 <input type="checkbox"/> Visa		 <input type="checkbox"/> Mastercard	
Card Number		Exp. Number	CVV
Signature		Billing Address Zip Code	
STATEMENT INFORMATION			
Patient ID 6179	Statement ID 6831	Statement Date 06/09/2020	Due Date 7/9/2020
Amount Due \$1.00		Show Amount Paid Here \$	



Questions About This Statement? Please Call: 719-494-1316

Please check box if the above address is incorrect or has changed and indicate on the reverse side.

**Please detach and return top portion with your payment**

Patient: Jane DOE

**THIS IS A BILL**

**Services and Charges**

**Claims and Payment Activity**

Visit Date	CPT	Description	Total	Entry Date	Payor Name	Payment Type	Amount
06/09/2020	E1399	Cold Compression Unit Knee Sleeve included	\$1.00				
<b>Total Services And Charges</b>			<b>\$1.00</b>	<b>Total Claims and Payment Activity</b>			<b>\$0.00</b>

**Statement Summary**

<b>Total Charges</b>	<b>\$1.00</b>
Total Insurance Payments	\$0.00
Total Patient Payments	\$0.00
Total Other Payments	\$0.00
Total Adjustments	\$0.00
<b>Total Payments / Adjustments</b>	<b>\$0.00</b>
<b>Total Copay Payments</b>	<b>\$0.00</b>
<b>Total Coinsurance Payments</b>	<b>\$0.00</b>
<b>Total Statement Balance</b>	<b>\$1.00</b>

**Outstanding Statements**

Current	\$1.00
1 - 30 days past due	\$0.00
31 - 60 days past due	\$0.00
61 - 90 days past due	\$0.00
91 - 119 days past due	\$0.00
120+ days past due	\$0.00
<b>Amount Due</b>	<b>\$1.00</b>